

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORMS 10-875)

SERIAL NO.

10/501032

APPLICANT(S)

DATE

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4		/		/		
5		10	/	/		
6		4		/		
7		4		/		
8		4		/		
9		1		/		
10	3	10		/		
11	1		/			
12		1		/		
13		1		/		
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TOTAL IND.		↓	3	↓		↓
TOTAL DEP.		←	13	←		←
TOTAL CLAIMS			16			

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						